

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H88305

1. Entity Name
KAVIR, INC.

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90011 003 ***150.00

Principal Place of Business
20 S. NOVA RD
DAYTONA BEACH FL 32114

Mailing Address
138 W GRANADA BLVD
ORMOND BEACH FL 32174

REAL ESTATE

2. Principal Place of Business
20 S. NOVA ROAD
Suite, Apt. #, etc.
ORMOND BEACH, FL
City & State

3. Mailing Address
138 W. GRANADA BLVD
Suite, Apt. #, etc.
ORMOND BEACH, FL 32174
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2606428** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip *32174* Country *U.S.A* Zip *32174* Country *U.S.A*

6. Name and Address of Current Registered Agent

REZA-ATSHARI, MOHAMED
20 SOUTH NOVA ROAD
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	delete
NAME	FARZANRAD, MATT M	
STREET ADDRESS	346 CORNELL DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AFSHARI, MOHAMMAD REZA	
STREET ADDRESS	26 AMSDEN RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	V	<input type="checkbox"/> Delete
NAME	REZA, FARZAN RAD	
STREET ADDRESS	346 CORNELL DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	LOLA M. FARZANRAD	
STREET ADDRESS	138 W. GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT M. FARZANRAD	
STREET ADDRESS	138 W. GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZA FARZANRAD	
STREET ADDRESS	138 W. GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-02 386-673-8317
Date Daytime Phone #

0018129 AV

CR2E034 (9/01)